MEDICAID MEMO

Last Updated: 03/09/2022

Commonwealth Coordinated Care Plus Program- Update

The purpose of this memo is to provide an update on the Department's managed long term services and supports program initiative known as Commonwealth Coordinated Care (CCC) Plus. This program will focus on improving access, quality, and efficiency through a coordinated delivery system that emphasizes integrated care and value-based payment models.

BACKGROUND

As communicated in two prior Medicaid Memoranda, dated May 19, 2016 and October 30, 2016, the Department of Medical Assistance Services (DMAS), with support from the Governor and the General Assembly, is currently working to implement a new managed long term services and supports initiative, known as the CCC Plus program. CCC Plus will operate statewide across six regions as a mandatory Medicaid managed care program that will serve approximately 214,000 individuals with disabilities and complex care needs.

DMAS plans to launch CCC Plus by region beginning in the Tidewater region on **August 1, 2017**. CCC Plus will also include individuals who qualify for both Medicare and Medicaid, as well as individuals that receive long term services and supports through a nursing facility or through community based services and supports. Detailed information on CCC Plus populations, services, and regional implementation schedule is available on the CCC Plus webpage at http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

CCC PLUS HEALTH PLAN SELECTION

In the October 31 Memo, we share that DMAS had entered negotiations with seven (7) managed care organizations (MCOs). On February 9, 2017, DMAS executed CCC Plus Contracts with the six (6) MCOs listed below.

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CCC Plus Contracted Health Plans

Aetna Better Health of Optima Health Plan

Virginia

Anthem HealthKeepers UnitedHealthcare

Plus

Magellan Complete Care Virginia Premier Health

of Virginia Plan

CCC PLUS MCO CONTRACT

DMAS solicited public comments on the draft contract between December 12, 2016 and December 20, 2016. DMAS received over 70 pages of comments from 28 Stakeholders. A compilation of the Stakeholder comments received, a summary of how the comments were incorporated into the final contract, and the CCC Plus MCO Contract is posted at the following link: http://www.dmas.virginia.gov/Content-pgs/mltss-psinfo.aspx.

CCC Plus will operate statewide, across 6 regions of the Commonwealth

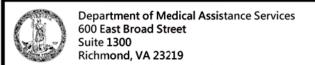
▼ COMMONWEALTH COORDINATED CAREPLUS REGIONS AND TIMELINE

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A list of CCC Plus localities for each region is available at $\underline{\text{http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx.}}$

Anticipated Launch Date	Region of Virginia	Regional Launch Population	CCC (1/1/18)	ABD Med 3.0 (1/1/18)	TOTAL Populations
August 1, 2017	Tidewater	19,904	8,047	17,823	45,774
September 1, 2017	Central	22,833	9,747	20,006	52,586
October 1, 2017	Charlottesville/Western	16,933	2,547	10,279	29,759
November 1, 2017	Roanoke/Alleghany	10,721	5595	9,510	25,826
November 1, 2017	Southwest	12,661	3	8,992	21,656
December 1, 2017	Northern/Winchester	25,995	3,200	9,578	38,773
January 2018	CCC Demonstration	29,139			
January 2018	Aged, Blind and Disabled From Medallion 3.0	76,188			

Source - VAMMIS Data; totals are based on CCC Plus target population data as of Dec 31, 2016



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STAKEHOLDER INVOLVEMENT AND PROVIDER EDUCATION

DMAS is continuing meetings between stakeholders and health plans to address business processes that can potentially be streamlined. The next Stakeholder Advisory Committee meeting is March 28, 2017 from 10AM - 12PM at the Department of Medical Assistance Services (600 East Broad Street; Richmond, VA 23219) in Conference Room 7A&B.

DMAS will continue to conduct outreach and education sessions with interested stakeholders. Town hall meetings and provider conference calls will begin early summer. Additional information including an on-line recorded webinar about CCC Plus is available on the CCC Plus webpage at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

CONTRACTING AND CREDENTIALING FOR CCC PLUS

The CCC Plus health plans are working with providers to finalize their provider contracts. DMAS requires the health plans to credential their providers. The credentialing process may take 90 days or more to complete. For this reason, DMAS encourages providers who have not already contracted with the plans to begin the credentialing and contracting process as soon as possible.

Most providers will need to contract with health plans in order to serve members in the CCC Plus program. To ensure continuity of care for CCC Plus Members and a smooth transition for Members and providers, the contracted health plans will honor and reimburse providers for existing service authorizations, including out of network, for up to 90 days. This 90 day *continuity of care period* also serves to provide additional time for providers to finalize credentialing and contracting with the plans. Non-contracted providers should contact the plans to ensure that they have an out-of-network agreement in place for claim payment purposes.

Following this 90 day continuity of care period, health plans have the option of



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transitioning the individual to a provider in their network, or continuing to pay out of network. For individuals who reside in a nursing facility that has not contracted with the individual's health plan, the individual will not have to transition to a new nursing facility provider. The health plan will continue out of network reimbursement to the nursing facility provider in these circumstances.

Community Mental Health Rehabilitation Services (CMHRS) will be carved out of CCC Plus until January 1, 2018. The credentialing process may take 90 days or more to complete. CMHRS providers who are not contracted should have a contract in place with the plans no later than December 31, 2017 if they wish to serve CCC Plus members. Until January 1, 2018 CMHRS services will be covered by Magellan, the behavioral health services contractor for DMAS. CMHRS providers should continue to contract with Magellan through January 1, 2018 for these services. A list of services carved out of CCC Plus can be found on slides 18 and 19 of the CCC Plus Overview Presentation at:

http://www.dmas.virginia.gov/Content_atchs/mltss/CCC%20Plus%20program%20overview%20 Feb%2014%202017%20web.pptx.

Traditional behavioral health and addiction and recovery treatment services (ARTS) services will be covered through the CCC Plus health plans beginning August 1, 2017. Providers of these

services should contract with the CCC Plus health plans if they wish to serve CCC Plus members.

Providers who only provide services for CCC Plus excluded populations, or services that are carved-out of, CCC Plus, including dental, Developmental Disability Waiver services, etc., do not need to contract with the plans. The full list of CCC Plus excluded populations and carved out services are described in the May 19, 2016 Medicaid Memo, available at:

http://www.dmas.virginia.gov/Content_atchs/mltss/Medicaid%20Memo%20on%20the %20Porta l.pdf and in the CCC Plus Managed Care Contract.

If you are interested in reaching out to a CCC Plus managed care plan for information on contracting and credentialing, their contact information is below:



https://dmas.virginia.gov MEDICAID MEMO

Contracting and Credentialing Contacts for CCC Plus Managed Care Plans				
Managed Contracts Care Plan		Credentialing		
Health of Virginia	Email: Aetnabetterhealth- VAProviderRelations@aetna.com Phone: 800-279-1878 Fax: 844-230-8829 Jann Anderson Email: NetworkDevelopment-	Email: vacredentialing- aetna@aetna.com Phone: 800-279-1878 Fax: 844-230-8829		
Anthem HealthKeepers Plus	VAContact@aetna.com Taylor Rhodes Email: William.Rhodes@anthem.com Phone: 804-354-3089 Fax: 804-354-4601	Same as contracting		
Magellan Complete Care of Virginia	Brian Smock, Vice President of Network Email: VAMLTSSProvider@MagellanHealth.com Phone: 855-202-1900 Fax: 855-202-1900	Same as contracting		
Optima Health	Medical/Facility Providers: Rachel Schneider Email: MLTSSContracts@sentara.com Phone: 757-552-8892 Fax: 757-552-7576	Same as contracting		
	LTSS Providers: Nancy C Everitt, HEOPS, Inc. dba The CENTIPEDE Health Network Email: neveritt@HEOPS.com joincentipede@heops.com PH: 855-359-5391 Fax: 866-421-4135 Cell: 615-300-7512			
UnitedHealthcare HCBS Providers: • Contact: Jennifer Whalen • Phone: 612-425-3837		Same as contracting		

Contracting and Credentialing Contacts for CCC Plus Managed Care Plans				
Managed Care Plan		Credentialing		



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• Email: <u>jennifer_whalen@uhc.com</u> Fax: 888-305-3477 Behavioral Health Providers: Email: VACCCBH@optum.com • Web: www.providerexpress.com and then select: - Quick Links >> - Join Our Network Hospitals, Ancillary, Physicians & SNFs: Contact : Cynthia Franz • Phone: 952-406-3349 • Email : cynthia franz@uhc.com Virginia Name: Kimberly Paige Email: Andrew Pridaen Premier Email: Andrew.pridgen@vapremier.com Kimberly.Paige@vapremier.com Health Plan Phone: 804- 819-5151 ext. 55375 Phone: 804-819-5151 ext. Fax: 804-819-5366 55352 Fax: 804-819-5171



MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of 1-800-424-4046 Virginia toll free at or visiting by www.magellanofvirginia.com submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective



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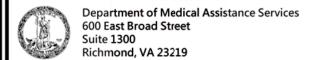
contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for- service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp
 http://www.dmas.gov/content_pgs/mmfa-isp
 <a href="http://www.dmas.gov/content_pg
- Commonwealth Coordinated Care Plus (CCC Plus): http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo
 http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo
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- Program of All-Inclusive Care for the Elderly (PACE):
 http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20
 VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.



MEDICAID MEMO

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.